Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/31/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	$3,674,091	0.00%
2. Automobile Physical Damage Private Passenger Commercial	$2,530,229	0.00%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Transferring existing renewal policies from American International South Insurance Company (AIS) to AIG National Insurance Company Inc. (AIGN). We are replicating the AIS rating plan in AIGN prior to the transfer. There will be no rate, factor, or rule changes associated with this filing.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

AIG Agency Auto - AIG National Insurance Company, Inc.
Name of Company

Aaron L. Hale - Product Manager
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02-24-09 New; 04-21-09 Renewal

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger ~~Commercial~~	$5,570,648	6.0%
2. Automobile Physical Damage Private Passenger ~~Commercial~~	$3,783,736	1.9%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised Tier 2 Factor, Revised Matrix Factors, Revised Financial Responsibility Factors, Extended Advance Quote Discount to more than two years, Revised frequency of credit ordering, Revised base rates.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Allied Property and Casualty Insurance Company
Name of Company

Rodrick Osborn, FCAS, MAAA , AVP, Pricing
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/13/09 New 4/13/09 Renewals

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger ~~Commercial~~	$6,627,559	3%
2. Automobile Physical Damage Private Passenger ~~Commercial~~	$4,554,768	6%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing consists of changes to territory factors and redefinition, core discount factors, term factors, driver points, increased limit factors, addition of 2010 and 2011 model year symbol factors, base rates and tier assignments.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Allmerica Financial Alliance Insurance Company
Name of Company

Susan Whitworth - Product Specialist
Official – Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/12/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$50,467,307	-2.3%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$55,464,400	-2.6%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing, Allstate Fire and Casualty Insurance Company is modifying its rates for certain customer segments in the Illinois Private Passenger Auto Insurance Program. Revisions are being made to Tier Factors, Newly Independent Discount Factors, and Household Composition Factors. The overall rate change associated with this filing is -2.4%. Please refer to the attached Filing Memorandum and Rate Pages for more information about this change.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Allstate Fire and Casualty Insurance Company
Name of Company

Stephen J. Burbick - State Filings Director
Official - Title

H29219D

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/2/09.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$112,043,693	5.0%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$96,763,219	5.0%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories)or certain classes?
If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing, Allstate is modifying its rates for Bodily Injury, Property Damage, Medical, Uninsured Motorist, Collision, and Comprehensive coverages in the state of Illinois for Allstate Property and Casualty Insurance Company. The overall rate change associated with this filing is 5.0%. The Rate Adjustment Factors on RP2A-1 and RP2A-2 have been adjusted to reach the overall 5.0% impact. Please refer to the attached filing memorandum and rate pages for more information about this change.

We are targeting an implementation date of March 2, 2009 for all business effective on or after April 2, 2009.

Allstate Property & Casualty Insurance Company
Name of Company

Steve Burbick - State Filings Director
Official - Title

RF-3

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 6, 2009 NB
May 6, 2009 Renewals

(1) Coverage	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	$9,777.12	53.73%
2. Automobile Physical Damage Private Passenger Commercial	$4,831.55	31.18%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

This filing establishes new territories and rates for our Illinois Gateway Program. The rates for individual classes were evaluated individually and then raised, lowered or left alone based on the pricing policies of American Access. The number of territories are being expanded from 26 to 223 and will cover multiple zip codes.

Brief description of filing (If filing follows rates of an advisory organization, specify organization):

This filing is expanding our Illinois Gateway program to new counties in Central and Southern Illinois. We have used a market based system and have reviewed the rates, loss ratios, and market coverage of Affirmative Insurance, American Service, Founders Ins, and Universal. Our rates are also being adjusted in the areas we are currently writing business for Gateway in order for us to maintain our competitiveness in this market place.

We are also expanding our Violations table and associated surcharges.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

American Access Casualty Company
Name of Company

John T Frankowski – Pricing Analyst
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/15/09 New, 4/1/09 Renewal

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	402,982	8.0%
2. Automobile Physical Damage Private Passenger Commercial	295,123	2.8%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised Base Rates. Updated Model Year Base to 2009. The percent changes are estimated.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

American Fire & Casualty Company
Name of Company

Nancy Greene - PL State Filing Technician II
Official – Title

RECEIVED
FEB 25 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1. Automobile Liability Private Passenger	8,204,969	+1.7%
Commercial		
2 Automobile Physical Damage Private Passenger	2,726,089	+1.7%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so,
Specify: All Classes/All Territories

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
BI, PD, UMBI, UMPD Med and Comp/Coll rate increase

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

American Heartland Insurance Company
Name of Company
John P Heywood, Vice President
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/30/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	365,654	2.9%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	237,752	8.6%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adjustment to base rates to better align our rating system with our experience and with the marketplace.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Select Insurance Company- Series 5000

Name of Company

Quinn Conley, Auto Financial Analyst

Official - Title

FORM (RF-3) ESTIMATED

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _01/26/2009_

	(1) Coverage	(2) Annual Premium Volume (Illinois Pioneer)*	(3) Percent Change(+or-)*x*
1.	Auto Liability Private Passenger	$7,155,386	-2.31%
	Commercial		
2.	Auto Physical Damage Private Passenger	$11,995,775	+18.48%
	Commercial		
3.	Liability Other Than Auto	N/A	N/A
4.	Burglary & Theft	N/A	N/A
5.	Glass	N/A	N/A
6.	Fidelity	N/A	N/A
7.	Surety	N/A	N/A
8.	Boiler & Machinery	N/A	N/A
9.	Fire	N/A	N/A
10.	Extended Coverage	N/A	N/A
11.	Inland Marine	N/A	N/A
12.	Homeowners	N/A	N/A
13.	Commercial Multi-Peril	N/A	N/A
14.	Crop Hail	N/A	N/A
15.	Other _____ (Line of Insurance)	N/A	N/A

Does filing only apply to certain territory (territories) or certain classes? Yes If so, specify: All driver classes and territories except territory numbers 271, 272 and 488 to 502.

Brief description of filing.(If filing follows the rates of an advisory organization's specify organization): Territory relativity changes and driver class changes made to revise competitive position so that pricing structure is more uniformly competitive.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

American Service Insurance Company, Inc.
Name of Company

Christine A. Milewczyk, Compliance Specialist
Official Title

FORM (RF-3) ESTIMATED

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/26/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois Premier)*	(3) Percent Change(+or-)*x*
1.	Auto Liability Private Passenger	$4,946,630	-0.30%
	Commercial		
2.	Auto Physical Damage Private Passenger	$3,815,120	+8.80%
	Commercial		
3.	Liability Other Than Auto	N/A	N/A
4.	Burglary & Theft	N/A	N/A
5.	Glass	N/A	N/A
6.	Fidelity	N/A	N/A
7.	Surety	N/A	N/A
8.	Boiler & Machinery	N/A	N/A
9.	Fire	N/A	N/A
10.	Extended Coverage	N/A	N/A
11.	Inland Marine	N/A	N/A
12.	Homeowners	N/A	N/A
13.	Commercial Multi-Peril	N/A	N/A
14.	Crop Hail	N/A	N/A
15.	Other _____ (Line of Insurance)	N/A	N/A

Does filing only apply to certain territory (territories) or certain classes? Yes If so, specify: All driver classes and territories except territory numbers 271, 272 and 488 to 502.

Brief description of filing.(If filing follows the rates of an advisory organization's specify organization): Territory relativity changes and driver class changes made to revise competitive position so that pricing structure is more uniformly competitive.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

American Service Insurance Company, Inc.
Name of Company

Christine A. Milewczyk, Compliance Specialist
Official Title

Form (RF-3)

SUMMARY SHEET

RECEIVED
FEB - 6 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective March 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	14,501,399	-7%
Commercial		
2. Automobile Physical Damage		
Private Passenger	9,667,599	-5%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation		
16. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, Specify: No, this is an across the board change.

Brief desription of filing. (If filing follows rates of an advisory organization, specify organization): 1. The Liability Base Rate is decreasing 7%
2. The Physical Damage Base Rate is decreasing 5%.
3. The surcharge for Drivers without a valid Illinois driver's license will be reduced to 5%.
4. The discount for multiple vehicles is increasing to 15%.

* **Adjusted to reflect prior rate changes.**
** **Change in Company's premium level which will result from application of new rates.**

Apollo Casualty Company
Name of Company

Joseph J. Gabriel - Operations Manager
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
Revision effective 02-20-09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$2,833,487	+4.64%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$1,979,437	+4.22%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Overall +4.46%. Included: Base Rates by territory for Bodily Injury, Property Damage, Uninsured Motorists Bodily Injury, Uninsured Motorists Property Damage, Medical Payments, Comprehensive, and Collision coverages.

* Adjusted to reflect all prior rate changes.
** Changes in Company's premium level which will result from application of new rates.

The Charter Oak Fire Insurance Company
Name of Company

Vice President
Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/07/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger	$4,112,796	5.7%
2. Automobile Physical Damage Private Passenger	$2,210,134	4.7%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No, this is applicable to all policies.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revision of base rates and addition of 2010 model year symbol factors.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Citizens Insurance Company of Illinois
Name of Company

Susan Whitworth - Product Specialist
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$0	0.0%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$0	0.0%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
This filing affects every rating territory for most of the changes. The revised territories affect current territories 511, 512, 721 & 722

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate Level and Rule Revision.
We are filing the following changes: revised territory definitions, revised physical damage, introducing excess custom equipmt coverages, revised increased limit factors for CSL, BI and PD, revised UM, UIM and UMPD rates, revised motor home deductible relativities and revised MY symbol relativities.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

EMC Property & Casualty Co.
Name of Company

Don Coughennower
Assistant Vice President
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$87,155	+8.3%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$77,362	+1.7%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
This filing affects every rating territory for most of the changes. The revised territories affect current territories 511, 512, 721 & 722

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate Level and Rule Revision.
We are filing the following changes: revised territory definitions, revised physical damage, introducing excess custom equipmt coverages, revised increased limit factors for CSL, BI and PD, revised UM, UIM and UMPD rates, revised motor home deductible relativities and revised MY symbol relativities.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Emcasco Insurance Company
Name of Company

Don Coughennower
Assistant Vice President
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$130,613	+4.1%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$82,443	-0.1%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
This filing affects every rating territory for most of the changes. The revised territories affect current territories 511, 512, 721 & 722

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate Level and Rule Revision.
We are filing the following changes: revised territory definitions, revised physical damage, introducing excess custom equipmt coverages, revised increased limit factors for CSL, BI and PD, revised UM, UIM and UMPD rates, revised motor home deductible relativities and revised MY symbol relativities.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Co
Name of Company

Don Coughennower
Assistant Vice President
Official - Title

H29219D

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07-01-2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	3626351	+1.4
Commercial		
2. Automobile Physical Damage		
Private Passenger	2156631	+1.0
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories)or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Independent rate and rule revision.

Includes adjustments to base rates and increases in primary rating factors for farm pickups.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Grinnell Mutual Reinsurance Company
Name of Company

John Landkamer - Actuary
Official - Title

H29219D

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	4080229	+9.5
Commercial		
2. Automobile Physical Damage		
Private Passenger	4013523	-2.6
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories)or certain classes?
If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Independent rate and rule revision. Includes adjustments to base rates, increases in primary rating factors for farm pickups, expanded eligibility to include farm trucks, adjustments to primary rating factors for youthful principal operators in Elite program.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Grinnell Select Insurance Company
Name of Company

John Landkamer, Actuary
Official - Title

INS00106

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 7,2009

		(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1.	Automobile Liability		
	Private Passenger	$266,079	-0.3%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$111,933	-0.3%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are revising the Safe Driver Insurance Plan factors, Rate Cap Offbalance factors, BI Coverage Package tier factors, Months Since Last Policy Incident tier factors, and Score Group/Driver Age tier factors.

Hartford Fire Insurance Company
Name of Company

Sr. Actuarial Analyst - Alisa Havens
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 7,2009

	Line of Insurance	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1.	Automobile Liability		
	Private Passenger	$123,212	-0.3%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$81,498	-0.3%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are revising the Safe Driver Insurance Plan factors, Rate Cap Offbalance factors, BI Coverage Package tier factors, Months Since Last Policy Incident tier factors, and Score Group/Driver Age tier factors.

Hartford Underwriters Insurance Company
Name of Company

Sr. Actuarial Analyst - Alisa Havens
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$808,572	+4.6%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$567,019	-0.1%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
This filing affects every rating territory for most of the changes. The revised territories affect current territories 511, 512, 721 & 722

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate Level and Rule Revision.
We are filing the following changes: revised territory definitions, revised physical damage, introducing excess custom equipmt coverages, revised increased limit factors for CSL, BI and PD, revised UM, UIM and UMPD rates, revised motor home deductible relativities and revised MY symbol relativities.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Illinois EMCASCO Insurance Co
Name of Company

Don Coughennower
Assistant Vice President
Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02-24-09 New; 04-21-09 Renewal

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger ~~Commercial~~	$25,455,413	8.5%
2. Automobile Physical Damage Private Passenger ~~Commercial~~	$16,962,279	3.4%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised Tier 2 Factor, Revised Matrix Factors, Revised Financial Responsibility Factors, Extended Advance Quote Discount to more than two years, Revised frequency of credit ordering, Revised base rates.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company
Name of Company

Rodrick Osborn, FCAS, MAAA , AVP, Pricing
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/15/09 New, 4/1/09 Renewal

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	136,790	8.6%
2. Automobile Physical Damage Private Passenger Commercial	85,160	2.9%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Revised Base Rates. Updated Model Year Base to 2009. The percent changes are estimated.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Ohio Casualty Insurance Company
Name of Company

Nancy Greene - PL State Filing Technician II
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/15/09 New, 4/1/09 Renewal

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	25,589	8.9%
2. Automobile Physical Damage Private Passenger Commercial	12,945	2.9%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Revised Base Rates. Updated Model Year Base to 2009. The percent changes are estimated.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Ohio Security Insurance Company
Name of Company

Nancy Greene - PL State Filing Technician II
Official – Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$1,443,016	+4.58%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$1,125,366	+4.06%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall +4.35%. Included: Base Rates by territory for Bodily Injury, Property Damage, Uninsured Motorists Bodily Injury, Uninsured Motorists Property Damage, Medical Payments, Comprehensive, and Collision coverages.

* Adjusted to reflect all prior rate changes.

** Changes in Company's premium level which will result from application of new rates.

The Phoenix Insurance Company

Name of Company

Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision, effective 01/15/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1 Automobile Liability		
◆ Private Passenger	74,266,152	6.18%
◆ Commercial		
2 Automobile Physical Damage		
◆ Private Passenger	46,439,773	3.34%
◆ Commercial		
3 Liability Other Than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire		
10 Extended Coverage		
11 Inland Marine		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Other_____ (Line of Ins.)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Filing applies to all territories and all driver classes.

Brief description of filing. (If filing follows rate of an advisory organization, specify organization(s).)

Revised rates only filing for private passenger automobile liability and physical damage. Adjusted base rates, market factors, limit factors, discounts (cont. ins., years clean, EFT, etc.) and rate stability factors. Please see cover letter for more details.

* Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Progressive Northern Insurance Company
Name of Company

Mark Arnell - Illinois Product Manager
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 19, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$38,664,295.44	0.0%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$25,967,300.92	0.0%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

With this filing Safeco's auto program introduces our Safeco Optimum Package Plus™ (endorsement form filed separately). Safeco Optimum Package Plus will be rated using underlying coverage premiums. (Exhibit 7)

In addition, we will be introducing Full Safety Glass Comprehensive deductible options (Exhibit 7) and revising our Accident Forgiveness program.

We are also revising our base rates to offset the impact of these changes (Exhibit 1), updating our vehicle use exhibit to reflect the rule-only filing changing our Towing program to Roadside Assistance (Exhibit 12) and adding the Optimum Package Plus™ to our rate order calculation sheet (Exhibit 23). We have updated our personal auto product guide (Exhibit 24) and filed revised rate and rule pages for our specialty programs (Exhibits B-G).

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Safeco Insurance Company of Illinois (111-39012)
Name of Company

James Holston, Director II, Product Management
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or -)**
1.	Automobile Liability		
	Private Passenger	992,127	+14.1%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	667,942	-0.9%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Base Rate changes by coverage based on our indications

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of the Southeast
Name of Company

Alexander P. Maizys,Director of Personal Lines Pricing
Official - Title

H29219D

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$3,556,960	+4.65%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$2,615,500	+4.21%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Overall +4.47%. Included: Base Rates by territory for Bodily Injury, Property Damage, Uninsured Motorists Bodily Injury, Uninsured Motorists Property Damage, Medical Payments, Comprehensive, and Collision coverages.

* Adjusted to reflect all prior rate changes.
** Changes in Company's premium level which will result from application of new rates.

TravCo Insurance Company
Name of Company

Vice President
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$2,052,054	5.32%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$1,379,202	4.33%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are proposing base rate changes to the Bodily Injury, Property Damage, Comprehensive, Collision, Medical Payments, Uninsured Motorists Bodily Injury, and Uninsured Motorists Property Damage coverages. The overall rate level impact from this change is 4.92%.

* Adjusted to reflect all prior rate changes.
** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty Company of Connecticut
Name of Company

Vice President
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$150,915	+4.59%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$117,513	+4.08%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Overall +4.36%. Included: Base Rates by territory for Bodily Injury, Property Damage, Uninsured Motorists Bodily Injury, Uninsured Motorists Property Damage, Medical Payments, Comprehensive, and Collision coverages.

* Adjusted to reflect all prior rate changes.
** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company
Name of Company

Vice President
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$434,177	+4.57%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$353,033	+4.04%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Overall +4.33%. Included: Base Rates by territory for Bodily Injury, Property Damage, Uninsured Motorists Bodily Injury, Uninsured Motorists Property Damage, Medical Payments, Comprehensive, and Collision coverages.

* Adjusted to reflect all prior rate changes.
** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of America
Name of Company

Vice President
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	$9,675,929	5.30%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$6,661,931	4.30%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

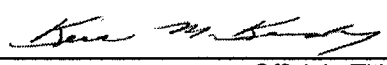
We are proposing base rate changes to the Bodily Injury, Property Damage, Comprehensive, Collision, Medical Payments, Uninsured Motorists Bodily Injury, and Uninsured Motorists Property Damage coverages. The overall rate level impact from this change is 4.89%.

* Adjusted to reflect all prior rate changes.

** Changes in Company's premium level which will result from application of new rates.

Travelers Personal Insurance Company

Name of Company



Vice President

Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$563,711	5.23%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$384,699	4.29%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are proposing base rate changes to the Bodily Injury, Property Damage, Comprehensive, Collision, Medical Payments, Uninsured Motorists Bodily Injury, and Uninsured Motorists Property Damage coverages. The overall rate level impact from this change is 4.85%.

* Adjusted to reflect all prior rate changes.
** Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Insurance Company
Name of Company

Vice President
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective 02-20-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	$204,131	+4.65%
Commercial		
2. Automobile Physical Damage		
Private Passenger	$146,167	+4.05%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

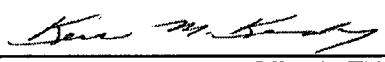
Overall +4.40%. Included: Base Rates by territory for Bodily Injury, Property Damage, Uninsured Motorists Bodily Injury, Uninsured Motorists Property Damage, Medical Payments, Comprehensive, and Collision coverages.

* Adjusted to reflect all prior rate changes.

** Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company



Vice President

Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 7,2009

		(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1.	Automobile Liability		
	Private Passenger	$17,350,063	-0.3%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$9,955,783	-0.3%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are revising the Safe Driver Insurance Plan factors, Rate Cap Offbalance factors, BI Coverage Package tier factors, Months Since Last Policy Incident tier factors, and Score Group/Driver Age tier factors.

Trumbull Insurance Company
Name of Company

Sr. Actuarial Analyst - Alisa Havens
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective February 7,2009

	Line of Insurance	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1.	Automobile Liability		
	Private Passenger	$504,110	-0.3%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	$295,823	-0.3%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are revising the Safe Driver Insurance Plan factors, Rate Cap Offbalance factors, BI Coverage Package tier factors, Months Since Last Policy Incident tier factors, and Score Group/Driver Age tier factors.

Twin City Fire Insurance Company
Name of Company

Sr. Actuarial Analyst - Alisa Havens
Official - Title

RECEIVED
FEB 25 2009
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1. Automobile Liability Private Passenger	7,554,635	+1.7%
Commercial		
2 Automobile Physical Damage Private Passenger	5,339,598	+1.7%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so,
Specify: All Classes/All Territories

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
BI, PD, UMBI, UMPD Med and Comp/Coll rate increase

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

United Equitable Insurance Company
Name of Company
John P Heywood, Vice President
Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/15/09 New, 4/1/09 Renewal

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial	5,969,165	8.2%
2. Automobile Physical Damage Private Passenger Commercial	4,334,388	2.9%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Revised Base Rates. Updated Model Year Base to 2009. The percent changes are estimated.

*Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

West American Insurance Company
Name of Company

Nancy Greene - PL State Filing Technician II
Official – Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/30/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	1,678,917	2.8%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	1,084,605	8.3%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adjustment to base rates to better align our rating system with our experience and with the marketplace.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Westfield Insurance Company- Personal Auto
Name of Company

Quinn Conley, Auto Financial Analyst
Official - Title

Form (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/30/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	280,259	2.9%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	193,804	8.3%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adjustment to base rates to better align our rating system with our experience and with the marketplace.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Westfield Insurance Company- WesPak Estate
Name of Company

Quinn Conley, Auto Financial Analyst
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/30/09

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	1,638,664	2.9%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	972,714	8.3%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adjustment to base rates to better align our rating system with our experience and with the marketplace.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westfield National Insurance Company- WesPak

Name of Company

Quinn Conley, Auto Financial Analyst

Official - Title